

Wisconsin Medicaid and SeniorCare Preferred Drug List - Quick Reference

(Revised 10/01/06)

ACE Inhibitors		Androgenic Agents		Antifungals, Oral (cont.)		Agents for BPH	
benazepril, HCTZ	P	Androderm	P	ketoconazole	P	doxazosin	P
captorpril, HCTZ	P	Androgel	P	nystatin	P	finasteride	P
enalapril, HCTZ	P	Testim	NP	Gris-Peg	P	terazosin	P
fosinopril, HCTZ	P	Angiotensin Receptor Blockers		Mycostatin	P	Avodart	P
lisinopril, HCTZ	P	Avapro, Avallide	P	Vfend	P	Flomax	P
quinapril, HCTZ	NP	Benicar, HCT	P	Ancobon	NP	Uroxatral	SCN
Aceon	NP	Cozaar, Hyzaar	P	Grifulvin V Tablets	NP	Cardura XL	P
Altace	NP	Diovan, HCT	P	Lamisil*	NP	Beta Blockers	
Mavik	NP	Micardis, HCT	P	Sporanox (liquid)	NP	acebutolol	P
Univasc/Uniretic	NP	Atacand, HCT	NP	*Lamisil requires clinical prior authorization.		atenolol	P
		Teveten, HCT	NP	Antifungals, Topical		betaxolol	P
ACE Inhibitors/CCB Combinations		Anticoagulants, Injectables		ciclopirox cream, suspension	P	bisoprolol	P
Lotrel	P	Arixtra	P	clotrimazole,/betamethasone	P	labetalol	P
Tarka	P	Fragmin	P	econazole nitrate	P	metoprolol	P
Lexxel	NP	Lovenox	SCN	ketoconazole	P	nadolol	P
Acne Agents		Innohep	NP	nystatin, nystatin/triamcinolone	P	pindolol	P
benzoyl peroxide	P	Anticonvulsants		Ertaczo	NP	propranolol	P
clindamycin	P	carbamazepine	P	Exelderm	NP	sotalol	P
erythromycin, benzoyl peroxide	P	clonazepam	P	Loprox gel, shampoo	SCN	timolol	P
tretinoin	P	ethosuximide	P	Mentax	NP	Coreg	P
Akne-mycin	P	gabapentin	P	Naftin	NP	Toprol XL	P
Azelex	P	lamotrigine 25 mg	P	Oxistat	NP	Cartrol	NP
Nuox	SCN	mephobarbital	P	Penlac	SCN	Inderal LA	NP
Retin-A micro, Pump	P	phenobarbital	P	Vusion	NP	Innoprano XL	NP
Tazorac	P	phenytoin	P	Xolegel	NP	Levatol	NP
Benzamycinpk	SCN	primidone	P	Antihistamines, Nonsedating		Bladder Relaxant Preparations	
Brevoxyl creamy wash, gel	NP	valproic acid	P	loratadine tab, syrup, -D	P	oxybutynin	P
Clinac BPO	NP	zonisamide	P	fexofenadine (Allegra, -D)	NP	Ditropan XL	P
Clindagel	SCN	Carbatrol	P	Clarinex, Clarinex Syrup	SCN	Enablex	P
Differin	SCN	Celontin	P	Zyrtec tab, syrup, -D	NP	Oxytrol	P
Evoclin	NP	Depakote, ER, sprinkle	P	Antimigraine, Triptans		Sanctura	SCN
Inova	NP	Diastat	P	Axert	QL	VesiCare	P
Klaron	SCN	Equetro	P	Imitrex	QL	Detrol, LA	NP
Sulfoxyl	NP	Felbatol	P	Maxalt, MLT	QL	Bone Resorption Suppression	
Triaz	SCN	Gabitril	P	Amerge	QL	Fosamax, Plus D	P
Zaclir	NP	Keprra	P	Frova	QL	Miacalcin	P
Zoderm	NP	Lamictal	P	Relpax	QL	Actionel, Actonel with Calcium	NP
Alzheimer's Agents		Lyrica	SCN	Zomig, Nasal, ZMT	QL	Boniva	NP
Aricept	P	Mebaral	P	Quantity Limits apply each month: 18 tablets, 6 sprays, 8 injections.		Didronel	NP
Exelon	P	Peganone	P	Antiparkinson's Agents		Evista	NP
Namenda	SCN	Topamax	P	benztropine	P	Fortical	NP
Cognex	NP	Triptental	P	carbidopa/levodopa	P	Bronchodilators, Anticholinergic	
Razadyne, ER	NP	Phentyek	NP	pergolide	P	ipratropium	P
Analgesics, Narcotics		Tegretol XR	NP	selegiline	P	Atrovent, HFA	P
acetaminophen/codeine	P	Antidepressants, Other		trihexyphenidyl	P	Combivent	P
aspirin/codeine	P	bupropion, SR	P	Comtan	P	Spiriva	P
butalbital/apap/codeine	P	mirtazapine	P	Kemadrin	P	Duoneb	NP
butalbital/apap/codeine/caff	P	trazodone	P	Mirapex	P	Bronchodilators, Beta Agonists	
codeine	P	venlafaxine	P	Requip	P	albuterol	P
fentanyl	P	Effexor XR	P	Stalevo	P	metaproterenol	P
hydrocodone/apap/ibuprofen	P	nefazodone	NP	Azilect	NP	terbutaline	P
hydromorphone	P	Cymbalta	NP	Parcopa	NP	Maxair	SCN
levorphanol	P	Emsam	SCN	Wellbutrin XL*	NP	Proventil HFA	SCN
methadone	P	Wellbutrin XL*	NP	Tasmar	NP	Serevent	P
morphine sulfate	P	* Prior authorization is not required for recipients 18 and younger.		Zelapar	NP	Xopenex HFA	SCN
oxycodone ER	P	Antidepressants, SSRI		Antipsychotics, Atypical		Accubeb	NP
oxycodone/apap	P	citalopram	P	clozapine	P	Albuterol HFA	NP
oxycodone/aspirin	P	fluoxetine	P	Geodon	P	Alupent	NP
propoxyphene HCL,apap	P	fluvoxamine	P	Risperdal	P	Foradil	NP
tramadol	P	paroxetine	P	Seroquel	P	Ventolin HFA	NP
tramadol/apap	P	Zoloft	P	Symbax	NP	Vospire ER	NP
Kadian	P	sertraline	NP	Zyprexa	NP	Xopenex	SCN
Xodol	P	Lexapro	SCN	Ability	NP	Calcium Channel Blocking Agents	
meperidine	NP	Paxil CR	NP	Fazaclo	SCN	diltiazem, ER	P
pentazocine/apap	NP	Pexeva	NP	Antivirals, Influenza		felodipine ER	P
pentazocine/naloxone	NP	Prozac Weekly	NP	amantadine	P	nicardipine	P
Actiq	NP	Antiemetics, Oral		rimantadine	P	nifedipine, ER	P
Avinza	NP	Emend	P	Relenza	P	verapamil, SR	P
Combunox	SCN	Zofran, ODT	P	Tamiflu	P	Cardizem LA	P
Darvon-N	SCN	Anzemet	SCN	Antivirals, Other		Norvasc	P
Duragesic 12 mcg	NP	Kytril	NP	acyclovir	P	Sular	P
Lynox	SCN	Antifungals, Oral		ganciclovir	P	Verelan PM	P
Opana, ER	NP	clotrimazole	P	Valcyte	P	isradipine	NP
Palladone	NP	fluconazole	P	Valtrex	P	Cardene SR	NP
Panlor DC, SS	NP	griseofulvin	P	Famvir	NP	Covera-HS	NP
Synalgos-DC	NP	itraconazole	P			Dynacirc, CR	NP
Ultram ER	NP					Nimotop	NP

Key:

All lowercase letters = generic product

Leading capital letter = brand name product

P = Preferred product

NP = Non-preferred product (requires PA)

QL = Quantity Limits

DR = Diagnosis Restriction

SCN = Wisconsin SeniorCare does not cover OTC drugs and also, for Levels 2b and 3, does not cover drugs that do not have a signed SeniorCare rebate agreement

between the manufacturer and the DHFS. Providers should reference the SeniorCare Drug Search Tool for a complete listing of covered drugs at

dhfs.wisconsin.gov/seniorcare

Wisconsin Medicaid and SeniorCare Preferred Drug List - Quick Reference

(Revised 10/01/06)

Cephalosporin and Related Agents			Hypoglycemics, Insulins			Multiple Sclerosis Agents			Otics, Antibiotics		
amoxicillin/clavulanate	P	Humulin	P	Avonex	DR	SCN	P	neomycin/polymyxin/HC	P		
amox tr-potassium clav 600	P	Humalog	P	Betaseron	DR		P	Ciprorex	P		
Cefaclor	P	Humalog Mix	P	Copaxone	DR	SCN	P	Coly-Mycin S	P		
Cefadroxil	P	Lantus	SCN	Rebif	DR		P	Floxin (singles and drops)	P		
Cefpodoxime	P	Levemir	P	NSAIDs				Cipro HC	NP		
Cefuroxime	P	Apidra	SCN	diclofenac, potassium, XL	P			Cortisporin-TC	NP		
Cephalexin	P	Exubera	NP	etodolac, XL	P			Phosphate Binders			
Cefprozil	P	Novolin	NP	flurbiprofen	P			Phoslo	SCN	P	
Cedax	P	Novolog	NP	ibuprofen	P			Renagel		P	
Omnicef	P	Novolog Mix	NP	indomethacin, SR	P			Magnebind		NP	
Spectracef	P	Hypoglycemics, Meglitinides			ketoprofen	P		Fosrenol		NP	
Suprax	P	Starlix	P	ketorolac	P			Platelet Aggregation Inhibitors			
Augmentin XR	NP	Prandin	NP	meclofenamate	P			dipyridamole	P		
Lorabid	NP	Hypoglycemics, Thiazolidinediones			meloxicam	P		ticlopidine	P		
Panixine	NP	Actos	P	nabumetone	P			Aggrenox	P		
Raniclor	NP	Avandamet	P	naproxen	P			Plavix	P		
Cytokine and CAM Antagonists			Avandaryl	naproxen sodium, DS	P			Proton Pump Inhibitors			
Enbrel [†]	SCN	P	Atoplas MET	sulindac	P			Nexium	DR	P	
Humira [†]	P	Intranasal Rhinitis Agents			fenoprofen	NP		Prevacid (caps, SoluTab, si DR)	P		
Kineret [†]	P	flunisolide	P	tolmetin, DS	NP			omeprazole*	DR	NP	
Raptiva [†]	SCN	P	ipratropium	Arthrotec	NP			Aciphex*	DR	NP	
Amevive	SCN	NP	Astelin	Celebrex	NP			Prilosec 40 mg*	DR	NP	
Remicade	NP	Flonase	P	Nalfon 200, 300 mg	NP			Protonix*	DR	NP	
Orencia	NP	Nasacort AQ	SCN	Ponstel	NP			Zegerid*	DR	NP	
[†] Preferred agents that require clinical prior authorization.		Nasonex	SCN	Prevacid Naprapac	NP			* Requires the prior use and failure of Nexium and Prevacid.			
Erythropoiesis Stimulating Proteins			Leukotriene Modifiers			Sedative Hypnotics					
Aranesp	DR	P	Accolate	P	chloral hydrate	P					
Procrit	DR	P	Singulair	P	estazolam	P					
Epojen	DR	NP	Zyflo	NP	fluorazepam	P					
Fluoroquinolones			Lipotropics, Other			Patanol	P	temazepam	P		
ciprofloxacin	P	cholestyramine	P	Alrex	P			triazolam	P		
ofloxacin	P	colestipol	P	Elestat	P			Ambien	SCN	P	
Avelox	P	gemfibrozil	P	Patanol	P			Lunesta	SCN	P	
Levaquin	P	niacin	P	Alamast	NP			Rozerem	P		
Cipro suspension, XR	NP	Loflora	P	Aloril	NP			Ambien CR	SCN	NP	
Factive	SCN	NP	Niaspan	P	Alomide	NP		Doral		NP	
Maxaquin	NP	Tricor	P	Emadine	NP			Restoril		NP	
Noroxin	NP	Antara	NP	Optivar	NP			Sonata		NP	
Proquin XR	SCN	NP	Omacor	NP	Zaditor	NP		Stimulants and Related Agents			
Tequin	NP	Triglide	NP	Ophthalmics, Antibiotics				amphetamine salt combo	DR	P	
Glucocorticoids, Inhaled			Welchol	NP	bacitracin/polymyxin	P		dextroamphetamine	DR	P	
Advair, HFA	P	Zetia	NP	ciprofloxacin solution	P			methylphenidate ER	DR	P	
Aerobid, Aerobid-M	SCN	P	Lipotropics, Statins			erythromycin	P	Adderall XR	DR	P	
Asmanex	SCN	P	cholestyramine	P	gentamicin	P	Concerta	DR	P		
Azmacort	SCN	P	colestipol	P	ofloxacin	P	Focalin, XR	DR	P		
Flovent	P	gemfibrozil	P	polymyxin/trimethoprim	P	polymer	P	Metadate CD	DR	P	
Pulmicort Respules	P	niacin	P	sulfacetamide	P	trimesic acid	P	perimoline (Cylert)	DR	NP	
Qvar	P	Loflora	P	lovastatin	P	Daytrana	P				
Pulmicort Turbuhaler	NP	Niaspan	P	pravastatin	P	Desoxyn	DR	SCN	NP		
Growth Hormone			Tricor	triple antibiotic	P	Provigil	P				
Norditropin [†]	P	Antara	NP	Advicor	P	Strattera*	DR	NP			
Nutropin AQ [†]	SCN	P	Omacor	P	Zymar	P	* Prior authorization is not required for recipients 18 and older.				
Saizen [†]	P	Triglide	NP	Altorev	P						
Tev-Tropin [†]	P	Welchol	NP	Crestor	P	Topical Immunomodulators					
Genotropin	NP	Zetia	NP	Lescol, XL	P	betaxolol	P	Elidel	P		
Humatrop	NP	Lipotropics, Statins			Vytorin	P	brimonidine	P	Protopic	SCN	P
Nutropin	SCN	NP	simvastatin	P	Zymar	P	carteolol	P	Ulcereative Colitis		
Serostim	NP	Caduet	NP	betaxolol	P	dipivefrin	P	mesalamine	P		
[†] Preferred agents that require clinical prior authorization.		Lipitor	NP	brimonidine	P	levobunolol	P	sulfasalazine	P		
Hepatitis C Agents			Pravachol 80 mg	NP	betiprolol	P	metipranolol	P	Asacol	P	
ribavirin	DR	P	Pravigard PAC	NP	pilocarpine	P	pilocarpine	P	Canasa	P	
Copegus	DR	P	Macrolides/Ketolides			timolol	P	Colazal	SCN	NP	
Pegasys	DR	P	azithromycin	P	Alphagan P	P			Dipentum	P	
Peg-Intron, Redipen	DR	SCN	clarithromycin	P	Azopt	P			Pentasa	P	
Rebetol	DR	SCN	erythromycin	P	Betimol	P					
Infergen	DR	SCN	Biaxin XL	P	Betoptic S	P					
Hypoglycemics, Adjunct Therapy			Ketek	NP	Cosopt	P					
Byetta [†]	P	Hypoglycemics, Adjunct Therapy			Lumigan	P					
Symlin [†]	P				Travatan	P					
[†] Preferred agents that require clinical prior authorization.					Trusopt	P					
					Istalol	P					
					Xalatan	P					

Key:

All lowercase letters = generic product

P = Preferred product

QL = Quantity Limits

Leading capital letter = brand name product

NP = Non-preferred product (requires PA)

DR = Diagnosis Restriction

SCN = Wisconsin SeniorCare does not cover OTC drugs and also, for Levels 2b and 3, does not cover drugs that do not have a signed SeniorCare rebate agreement

between the manufacturer and the DHFS. Providers should reference the SeniorCare Drug Search Tool for a complete listing of covered drugs at

dhfs.wisconsin.gov/seniorcare.

Page 2 of 2